### CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



## FORM FOR TRANSFER OF OWNER/OPERATOR COVERAGE UNDER WASTE DISCHARGE REQUIREMENTS GENERAL ORDER NO. R5-2007-0035 FOR EXISTING MILK COW DAIRIES



This form consists of three parts and is for use by current and new owners and/or operators when there is a transfer of ownership and/or operator at an existing milk cow dairy covered under Waste Discharge Requirement General Order No. R5-2007-0035 for Existing Milk Cow Dairies (General Order). New owners and/or operators are required to complete and submit Parts I and III and are not authorized to discharge under the General Order (and are subject to enforcement) until receiving written approval of the coverage transfer from the Executive Officer.

Current owners and/or operators should complete and submit Parts I, II, III.A, and III.B no less than 60 days before any planned change in ownership or control of the dairy in order to provide the required notification of a change in ownership and/or operator and notification of informing the new owner and/or operator of the existence of the General Order.

The current and new owners/operators are encouraged, but not required, to complete the form jointly and submit it 60 days prior to any planned change in ownership or control of the dairy.

PART I: DAIRY FACILITY INFORMATION

# A. Current Facility Information: Current Facility Name (required): Current Facility Address (required): City: B. New Facility Information: New Facility Name (if different than current name): New Facility Address (if different than current name): County: Zip Code: PART II: CURRENT OWNER/OPERATOR INFORMATION A. Current Owner/Operator Name: Current Owner Name: Current Operator Name:

Current owners/operators are not required to use this form, but written notification containing information required by the General Order must be provided no less than 60 days prior to the change in ownership or control.

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B. Current Owner/Operator Certification	1:					
I certify under penalty of law that I have informed the new owner and/or operator of the existence of the General Order and that I have personally examined and am familiar with the information submitted in Parts I, II, III.A, and III.B of this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
SIGNATURE OF CURRENT OWNER	SIGNATURE OF CURRENT OPERATOR					
PRINT OR TYPE NAME	PRINT OR TYPE NAME					
DATE	DATE					
PART III: NEW OWNER/OPERATOR INFORMATION  A. New Owner Information – Check here if not applicable:  Name: Owner Type (Check one):						
Traine.	□ Individual `					
Mailing Address:	<ul><li>□ Corporation</li><li>□ Partnership</li></ul>					
City:	Governmental Agency  Other:					
Contact Person:	Telephone Number:					
B. New Operator Information – Check her	re if not applicable:					
Name:	OperatorType (Check one):					
Mailing Address:	<ul><li>□ Individual</li><li>□ Corporation</li><li>□ Partnership</li></ul>					
City:	☐ Governmental Agency ☐ Other:					
Contact Person:	Telephone Number:					
C. Person To Receive Central Valley Was Send correspondence to:  Owner Operator Both	ater Board Correspondence:					

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	Billing:						
oe D	and bills to (Check One): Owner						
	Operator						
	Other (identify below):						
-	Citici (Identity below).						
	Name (Print)	Address	City	State	Zip		
E.	Agreement To Assume R General Order No. R5-200				ments		
	I assume full responsibility for Order No. R5-2007-0035 For required Waste Managemer any such plans prepared by	r Existing Milk Cow Dairie nt Plan and Nutrient Mana	s, including deve gement Plan and	elopment of t	he		
	SIGNATURE OF NEW OWNER						
	PRINT OR TYPE NAME						
	DATE		DATE				
F.	New Owner/Operator Cer	tification:					
	I certify under penalty of law that I have personally examined and am familiar with the						
	information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the						
	information is true, accurate, and complete. I am aware that there are significant penalties f submitting false information, including the possibility of fine and imprisonment.						
	SIGNATURE OF NEW OWNER	3	SIGNATURE OF	NEW OPER	ATOR		
	PRINT OR TYPE NAME		PRINT OR TYPE	NAME			
	DATE		DATE				

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## G. Form Submission:

This form must be submitted to the following address:

For facilities in Fresno, Kern, Kings, Madera, Mariposa, and Tulare counties, submit requests to: California Regional Water Quality Control Board

Central Valley Region

1685 E Street

Fresno, CA 93706

Attention: Confined Animal Regulatory Unit

For facilities in Butte, Lassen, Modoc, Plumas, Tehama, and Shasta counties, submit requests to:

California Regional Water Quality Control Board Central Valley Region 415 Knollcrest Drive, Suite 100 Redding, CA 96002

Attention: Confined Animal Regulatory Unit

For facilities in all other counties, submit requests to:

California Regional Water Quality Control Board Central Valley Region 11020 Sun Center Drive #200 Rancho Cordova, CA 95670

Attention: Confined Animal Regulatory Unit